



Discovery Program of IL, LLC

Parent Questionnaire

Please rate the following items on a scale of 1 – 5:

(1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree (5) Excellent

1. My child's educational therapist had regular communication with me either through emails, notes home, phone calls or face to face contact. _____

2. My child's educational therapist is aware of school projects, types and amounts of daily homework and has addressed these issues with me and/or my child as necessary. _____

3. My child's educational therapist provided helpful feedback from classroom observations and collaborated with my child's teachers. _____

4. My child's educational therapist established a positive rapport with my child; encouraged him/her to utilize strengths and stimulated processing and academic vulnerabilities. _____

5. My child's educational therapist clearly articulated my child's progress in therapy and recommendations for the future during our annual meeting. _____